

## Little Traverse Bay Bands of Odawa Indians Job Posting

**Job Title:** Medical Coder  
**Department:** Health Clinic  
**Reports To:** Medical Director/Health Director  
**Status:** Non-Exempt  
**Pay Range:** \$15.13/hr - \$20.47/hr  
**Level:** 4  
**Opens:** February 12, 2016  
**Closes:** March 4, 2016

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**SUMMARY:** The Medical Coder provides highly technical and specialized functions as a back-up to the Billing Specialist, Medical Records Specialist, and Health Information Coordinator. Included in these duties are but not limited to; processing the RPMS Resource Patient Management System, Coding Queue including medical ICD-10 and CPT coding, reviewing documentation and ensuring that it supports the diagnosis and procedure(s) coded. Reviews, analyzes, and codes diagnostic and procedural information that determines Medicare, Medicaid, and private insurance third party reimbursement optimization. Provides administrative support to the Medical Director. Responsible for the transition to ICD10.

Cross trains to all clinic office job duties of the Medical Receptionist, Clinic Clerical Technician, Medical Records Specialist, Health Information Technician, and Billing Specialist.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:** include the following. Other duties may be assigned.

- Performs comprehensive analysis by reviewing and validating the ambulatory elements are present to meet the requirements of accreditation agencies.
- Performs a comprehensive review of the patient records to assure the presence of all component parts such as; patient and record identification, signature and dates where required, and other necessary data in the presence of all reports which appear to be indicated by the nature of the treatment rendered.
- Performs quality checks and communicates with the appropriate medical provider the document deficiencies identified via RPMS/E.H.R. (Electronic Health Record) notification.
- Uses judgment to adapt and interpret data to meet the data collection requirements accurately and within established time constraints.
- Works closely with the members of the Clinic Staff to perform the ICD-10 and CPT coding activities of the RPMS Coding Queue with the highest possible degree of accuracy.
- Maintains Clinic and providers credentials.
- Performs timely and accurate coding of the purpose of visit (diagnosis) to the most specific codes available, services provided (procedures and/or evaluation and management level of care) for all ambulatory outpatient encounters.

- Reviews the patient record to ensure consistency and adequacy. Ensures that the final diagnosis accurately reflects the care and treatment rendered. Reviews the patient record for compliance with established third party reimbursement agencies and special screening criteria.
- Abstracts and interprets data from patient records in preparation for submission of third party claims.
- Updates records to include deleting, changing or adding information to medical records in accordance with Clinic policies.
- Assist in implementing solutions to reduce back-end billing errors.
- Cross-trains in all areas of front office.
- Maintains a high level of confidentiality of Protected Health Information (PHI) at all times in accordance with the Privacy Act of 1997, HIPAA of 1996, IHS Guidelines and other Federal and Tribal regulatory guidelines.
- Cross-trains on Health Information Coordination of EHR Maintenance, RPMS user set up and maintenance, and EHR troubleshooting. Assist with the training of medical providers on GPRA and Meaningful Use documentation.
- Mapping of ICD-9 to ICD-10 diagnostic coding and training of medical providers of the changes to documentation supporting the conversion.
- Performs other position related duties as assigned.

#### **KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:**

Must be computer proficient. Must be detail oriented and have excellent organizational skills. Must have demonstrated knowledge and education in medical terminology, anatomy and physiology, ICD-10 coding, CPT coding and be certified in ICD-10 coding. Must have strong verbal and written skills and be able to complete routine paperwork. Must maintain confidentiality of all medical records and files. Must be able to perform all job duties with minimal supervision. Must be able to adapt to frequent interruptions and quick changes of duties needed in accordance with Clinic staffing needs of the moment. Must be able to work capably and professionally under stress. Must be willing to learn the constant changes to RPMS software.

**COMPUTER SKILLS:** Must demonstrate ability to use standard Microsoft Office software such as Word, Excel, and Outlook. Must demonstrate proficiency in RPMS Registration and electronic health record software.

**Certification:** Must be a Certified Professional Coder (CPC) and (ICD10). Must possess a Michigan Driver's License and be insurable under the Tribe's insurance.

**EXPERIENCE AND EDUCATION:** Minimum of an Associate's Degree required. Must have Medical Terminology, Anatomy and Physiology courses completed. . Minimum of five (5) years experience in a medical office setting required. Minimum of one year of hands-on RPMS data entry experience required. Must demonstrate knowledge of HIPAA Privacy rules and regulations

#### **COMMENTS:**

Indian preference will apply.